PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	or	Docket	Number
-------------	----	--------	--------

	_ /	'	
0	9/	73 c	904

CLAIMS AS FILED - PART I (Column 1) (Column 2)				_	SMALL ENTITY TYPE OR		OTHER THAN SMALL ENTITY					
TO	TAL CLAIMS		· · · 					RATE	FEE		RATE	FEE
FOI	FOR NUMBER FILED NU		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00		
TO	TOTAL CHARGEABLE CLAIMS 32 minus 20= 12			12	.	X\$ 9=		OR	X\$18=	216		
IND	EPENDENT CL	AIMS	4/ min	us 3 =	*	1		X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT						+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2					L	TOTAL		OR	TOTAL	1006		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIR4	<u> =</u>		X40=		OR	X80=	
ل	FIRST PRESE	NTATION OF M	ULTIPLE DEP	CNDEN	CLAIM			+135=		OR	+270=	
								TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
	·	(Column 1)			ımn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	▋┃	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=	4	X40=		OR	X80=	
<u> </u>	THESE PRESE	NIATION OF M	OLITE DEP	CINDEN	- CLAIN			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	<u>)</u>					
ENTC	(- en - 1	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï
ME	Independent	•	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEP	PENDEN	IT CLAIN	<u> </u>		+135=		ĺ	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							L					